

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17659

1. PLACE OF DEATH

County

Registration District No. 79

File No.

Township

Primary Registration District No. 10383

Registered No. 4599

City St. Louis, Mo. (No. 545) So. Ewing Ave

St. Ward)

2. FULL NAME

Elisha Orndorff Jr

(a) Residence, No. 545 So Ewing St., 18 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Cold 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1889-4-1

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
43 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Ky.

MOTHER 13. NAME Elisha Orndorff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Harriett Ferguson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Ozella Orndorff (ADDRESS) 545 So Ewing Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Russellville, Ky. DATE 5/14 1922

19. UNDERTAKER Dr. Beal (ADDRESS) St. Louis, Mo.

20. FILED MAY 22 1922 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1922

22. I HEREBY CERTIFY, That I attended deceased from May 2 1922 to May 4 1922
I last saw him alive on May 4 1922 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung
Date of onset 64
Other contributory causes of importance: HTA, FFA, O

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Vincent J. Mueller, M. D. (Signed) 2325 Franklin (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

